



Please type a plus sign (+) inside this box

+

+

PTO/SB/21 (8-00)
Approved for use through 10/31/2004. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE**TRANSMITTAL
FORM**No. Pages in this
submission 17 + art

Application Number	10/688,422
Confirmation Number	2236
Filing Date	October 16, 2003
First Named Inventor	VOELKER, Dean E.
Group Art Unit	3679
Examiner Name	Not assigned
Attorney Docket No.	VD1-3057-U

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration	<input type="checkbox"/> Drawing(s) FORMAL <input type="checkbox"/> Licensing - related papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Requests	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to Provisional Application	<input type="checkbox"/> Appeal Communication to Group <input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (Form SB08 with disclosed art)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosures identify below:
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Stmt.	*Completion of Filing Requirements; *Copy of Notice to File Missing Parts *Statement by Practitioner
<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	*Transmittal of Information Disclosure Statement
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Return Receipt Card <input type="checkbox"/> Remarks	

Firm or Individual
Name

R. Reams Goodloe, Jr.

Reg. No.: 32,466

Signature

March 18, 2004

Date

CERTIFICATE OF MAILING

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as First-Class Mail-[express mail label ER5598811775US] in an envelope addressed to U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

Typed or printed
name:

RHONDA GOODLOE

Signature

Rhonda Goodloe

Date

03/18/04